Amendment No.

CHAMBER ACTION

Senate House

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Representative Learned offered the following:

Amendment (with directory and title amendments)

Remove lines 135-205 and insert:

(9) A provider of home health care services or of medical supplies and appliances shall be reimbursed on the basis of competitive bidding or for the lesser of the amount billed by the provider or the agency's established maximum allowable amount, except that, in the case of the rental or purchase of durable medical equipment and complex rehabilitation technology, the provider, including veteran providers, must be reimbursed by the agency, managed care plans, and any subcontractors at an amount equal to 100 percent of~~, the total rental payments may~~

~~not exceed the purchase price of the equipment over its expected useful life or~~ the agency's established maximum allowable amount~~, whichever amount is less~~. Any agency cost increase must be accounted for in the managed care rate setting process.

(26) The agency may receive funds from state entities, including, but not limited to, the Department of Health, local governments, and other local political subdivisions, for the purpose of making special exception payments and Low Income Pool Program payments, including federal matching funds. Funds received for this purpose shall be separately accounted for and may not be commingled with other state or local funds in any manner. The agency may certify all local governmental funds used as state match under Title XIX of the Social Security Act to the extent and in the manner authorized under the General Appropriations Act and pursuant to an agreement between the agency and the local governmental entity. In order for the agency to certify such local governmental funds, a local governmental entity must submit a final, executed letter of agreement to the agency, which must be received by October 1 of each fiscal year and provide the total amount of local governmental funds authorized by the entity for that fiscal year under the General Appropriations Act. The local governmental entity shall use a certification form prescribed by the agency. At a minimum, the certification form must identify the amount being certified and describe the relationship between the

certifying local governmental entity and the local health care provider. Local governmental funds outlined in the letters of agreement must be received by the agency no later than October 31 of each fiscal year in which such funds are pledged, unless an alternative plan is specifically approved by the agency. To be eligible for low-income pool funding or other forms of supplemental payments funded by intergovernmental transfers, and in addition to any other applicable requirements, essential providers identified in s. 409.975(1)(a) ~~s. 409.975(1)(a)2.~~ must have a network ~~offer to~~ contract with each managed care plan in their region and essential providers identified in s. 409.975(1)(b) ~~s. 409.975(1)(b)1. and 3.~~ must have a network ~~offer to~~ contract with each managed care plan in the state. Before releasing such supplemental payments, ~~in the event the parties have not executed network contracts,~~ the agency shall determine whether such contracts are in place and ~~evaluate the parties' efforts to complete negotiations. If such efforts continue to fail, the agency must~~ withhold such supplemental payments beginning no later than January 1 of each fiscal year for essential providers without such contracts in place. By the end of each fiscal year, the agency shall identify essential providers who have not executed required network contracts with the applicable managed care plans for the next fiscal year. By July 30, such providers and plans must enter into mediation and jointly notify the agency of mediation commencement. Selection

of a mediator must be by mutual agreement of the plan and provider, or, if they cannot agree, by the agency from a list of at least four mediators submitted by the parties. The costs of the mediation shall be borne equally by the parties. The mediation must be completed before September 30. On or before October 1, the mediator must submit a written postmediation report to the agency, including the outcome of the mediation and, if mediation resulted in an impasse, conclusions and recommendations as to the cause of the impasse, the party most responsible for the impasse, and whether the mediator believes that either party negotiated in bad faith. If the mediator recommends to the agency that a party or both parties negotiated in bad faith, the postmediation report must state the basis for such recommendation, cite all relevant information forming the basis of the recommendation, and attach any relevant documentation. The agency must promptly publish all postmediation reports on its website ~~in the third quarter of the fiscal year if it determines that, based upon the totality of the circumstances, the essential provider has negotiated with the managed care plan in bad faith. If the agency determines that an essential provider has negotiated in bad faith, it must notify the essential provider at least 90 days in advance of the start of the third quarter of the fiscal year and afford the essential provider hearing rights in accordance with chapter 120~~.

(27) Any provider of mental health care for veterans must be reimbursed by the agency, managed care plans, and any subcontractors at an amount equal to 100 percent of the agency's established maximum allowable amount.

D I R E C T O R Y A M E N D M E N T

Remove lines 105-106 and insert:

Section 1. Subsections (9) and (26) of section 409.908, Florida Statutes, are amended, and subsection (27) is added that that section, to read:

T I T L E A M E N D M E N T

Remove lines 3-4 and insert:

409.908, F.S.; requiring that the rental and purchase of durable medical equipment and complex rehabilitation technology and providers of mental health care for veterans be reimbursed by the Agency for Health Care Administration, managed care plans, and subcontractors at a specified amount; requiring the agency to determine compliance with essential